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APPLICANTS

Sandeep Kumar Gupta, Santa Clara, CA;
 Sanjay Kasturia, Palo Alto, CA;
 Jose Tellado, Sunnyvale, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
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** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	9	33	5
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Brian R. Short
 Teranetics Patent Department
 P.O. Box 641867
 San Jose, CA95164-1867

TITLE

Full duplex transceiver

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